



VARIANCE APPLICATION

Indiana Department of Homeland Security
Legal and Code Services Section
302 West Washington Street, W246
Indianapolis, IN 46204

Variance Number: (Assigned by Department)

**PLEASE REFER TO THE INSTRUCTIONS
ATTACH ADDITIONAL PAGES AS NEEDED TO COMPLETE THIS APPLICATION**

1. APPLICANT INFORMATION (Person who would be in violation if variance is not received; usually this is the owner)		
Name:		Title
Organization Name:		Telephone Number:
Address		
City	State	Zip Code
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (if not submitted by the applicant)		
Name:		Title
Organization Name:		Telephone Number:
Address:		
City	State	Zip Code
3. DESIGN PROFESSIONAL OF RECORD (if applicable)		
Name:		License Number:
Organization Name:		Telephone Number:
Address:		
City	State	Zip Code
4. PROJECT IDENTIFICATION		
Name of Project:		State Project Number
Site Address:		County
City	State	Zip Code
Project Type: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use <input type="checkbox"/> Existing		
5. REQUIRED ADDITIONAL INFORMATION		
The following required information has been included with this application (check as applicable):		
<input type="checkbox"/> A check made payable to the Department of Homeland Security for the appropriate amount (see instructions)		
<input type="checkbox"/> One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.		
<input type="checkbox"/> Written documentation showing that the local fire official has received a copy of the variance application.		
<input type="checkbox"/> Written documentation showing that the local building official has received a copy of the variance application.		
6. VIOLATION INFORMATION		
Has the Plan Review Section issued a Correction Order: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, attach a copy of the Correction Order)		
Has a Violation been issued: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, attach a copy of the Violation and answer the following:)		
Violation issued by: <input type="checkbox"/> Local Building Department <input type="checkbox"/> State Fire and Building Code Enforcement Section		
<input type="checkbox"/> Local Fire Department		

7. DESCRIPTION OF REQUESTED VARIANCE							
Name of Code or Standard and Edition Involved:	Specific Code Section:						
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)							
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED							
<p>Select one of the following statements:</p> <p><input type="checkbox"/> Non-compliance with the rule will not be adverse to the public health, safety or welfare; or</p> <p><input type="checkbox"/> Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety or welfare.</p> <p>Facts demonstrating that the above selected statement is true:</p> <div style="height: 150px;"></div>							
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE							
<p>Select at least one of the following statements:</p> <p><input type="checkbox"/> Imposition of the rule would result in an undue hardship because of physical limitations of the construction site or its utility services</p> <p><input type="checkbox"/> Imposition of the rule would result in an undue hardship because of major operational problems in the use of the building or structure</p> <p><input type="checkbox"/> Imposition of the rule would result in an undue hardship because of excessive costs of additional or altered construction elements</p> <p><input type="checkbox"/> Imposition of the rule would prevent the preservation of a historically significant part of the building or structure</p> <p>Facts demonstrating that the above selected statement is true:</p> <div style="height: 150px;"></div>							
10. STATEMENT OF ACCURACY							
<p>I hereby state and affirm under penalty of perjury that the information contained in this application is accurate:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Person submitting application or Applicant</td> <td style="width: 50%;">Design Professional (if applicable)</td> </tr> <tr> <td>Signature: _____</td> <td>Signature _____</td> </tr> <tr> <td>Printed Name: _____</td> <td>Printed Name: _____</td> </tr> </table>		Person submitting application or Applicant	Design Professional (if applicable)	Signature: _____	Signature _____	Printed Name: _____	Printed Name: _____
Person submitting application or Applicant	Design Professional (if applicable)						
Signature: _____	Signature _____						
Printed Name: _____	Printed Name: _____						
11. STATEMENT OF AWARENESS							
<p>(If the application is submitted on the applicant's behalf, the applicant must sign the following statement)</p> <p>I hereby state and affirm that I am aware of this request for variance and that this application is being submitted on my behalf.</p> <p>Signature: _____</p> <p>Printed Name: _____</p>							